


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Sheriff H. Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. </p> <p>Sheriff Herbie Johnson Autauga Metro Jail 136 North Court Street Prattville, AL 36067</p>		<p>B. Received by (Printed Name) <i>07cv1105</i> <i>PO CAMP</i></p> <p>C. Date of Delivery <i>12-27-07</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7007 1490 0000 0024 8714</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	